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Original Communications.

FRACTURE OF THE CONDYLES OF THE
OS HUMERI.

Dr. H. J. BIGELOW, in his lately published article on fractures near the elbow-joint, has somewhat startled practitioners by his remarks concerning passive motion. As this is a subject of great importance, especially to country surgeons, and as acquittal or conviction in a trial at law in a case claimed as one of mal-practice would depend on the opinion given by operative surgeons of high rank connected with hospitals, and as the directions given by Dr. Bigelow are so opposite to what we have been taught and to what we have read, a most thorough expression of opinions seems necessary to establish the most dogmatic rules for the treatment of such injuries. The experience of Dr. Bigelow has no doubt been very great, and we all know and value the searching keenness of that intellect which easily discovers truth when she hides herself from eyes more dim.

For years and years the profession of New England turned to John C. Warren as the representative of all that was sound in surgery. The son of a most eminent surgeon, his own experience, apart from the teachings of the father, swept through a great period of time, a ruder age than the present, and he must have had knowledge of a great number of fractures of all kinds. When, therefore, the profession finds the teachings of the elder and younger master of surgery so diametrically opposed to each other, they may reasonably ask, through our New England Journal, such a discussion of the subject and expression of opinion thereon that they may approach such cases of fracture with confidence of receiving the approbation of all for their treatment; not, as at present, remaining with uplifted hands uncertain which guide to follow.

Dr. Bigelow would apply splints; Dr. Warren would not. Dr. Bigelow would deprecate passive motion, except the gentlest

possible; Dr. Warren recommends it. Dr. Bigelow wishes union of the fractured bone at the part from which it is fractured; Dr. Warren does not. Dr. Bigelow wishes the angular splint left on for three weeks; Dr. Warren wishes the arm in a sling three days.

In the second volume of the Biography of Dr. J. C. Warren, we find some directions for the treatment of fractures of the condyles of the os humeri. Dr. Warren observes:—

"In the first place, the reduction or restitution of the fractured piece to its original situation cannot be accomplished, because we have no command of the broken condyle. It is buried in the flesh; and though sometimes we can make slight movements of it by movements of the forearm, or by seizing the piece itself, yet, if any, they are very slight. The bone not being reducible, the direction is to put on splints and bandages, sufficient to impede the motions of the forearm, lest they should prevent union of the fractured piece. Now, it is this union of the fractured piece which interferes with the motion of the forearm, and in many cases wholly arrests it, so that the joint is ankylosed or stiff. This treatment has, for a great number of years, appeared to me objectionable. I therefore endeavored to show in my lectures at the hospital, and in a publication on ether in 1847-8, that it ought not to be continued. Notwithstanding this advertisement, cases have occurred in this vicinity since that time in which the old practice has been followed, and the joint become quite ankylosed. In one case of this kind, I had great difficulty in preventing the friends of the boy from instituting a suit for mal-practice; but I accomplished it ultimately, informing them that the defendant would be able to produce in his favor the recommendations of standard works on surgery.

"What, then, is the proper treatment of this accident? I reply, that the first thing to be kept in view is the free and unshackled state of the limb; second, the reduction of inflammation by cold and leeches; third, the permission to use the limb from the beginning, and insisting on its motion after three

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or four days. The movements must necessarily be passive; that is, by the hands of another than the patient, in most instances, because the patient will have no disposition, and perhaps no ability, to move it himself. This should be quite gentle at first; but, when the period which fixes the situation of the bone approaches, these movements must be as free as they are intended and expected to be ever after. This was formerly attended with great suffering to the patient; but now, happily, this suffering is prevented by the use of ether. The excuse, therefore, which surgeons formerly made for themselves, and also assigned to the patient and friends, is no longer valid. The danger of causing serious inflammation, also, by disturbing the bone at an early period, cannot be considerable. It certainly cannot be so great as that I have frequently incurred, without bad consequences, in the rupture of the ankylosing parts. This practice I have pursued in a great number of instances of fracture of the condyle, before ether was introduced, and in a still greater proportion since. The same practice I have also employed in false ankylosis of other joints, and always without any bad consequences. Certainly I should not recommend the separation of ankylosed bones by machinery, as has been done; but I would use on the arm of the young subject no greater force than I could myself apply by using the forearm of the patient as a lever, while the upper arm was firmly supported by another person. In many of these cases, the tendency to union between the opposed surfaces of the articulation is so very great, that much patience on the part of the surgeon is required to counteract it. Some years ago, a patient came to me from New Orleans for the treatment of an ankylosed elbow from fracture of the internal condyle, which had taken place five and a half months before. I succeeded in breaking the adhesions; but they were regenerated in a very short time. I then operated more frequently; but there was a difficulty in doing this, on account of the inflammation produced by the preceding operation; so that a year of painful movements was required to establish a moderate degree of motion of the forearm. If ether had been in use at the time, we should have been able to save the patient a great deal of suffering, and probably some time.

"When the fractured piece is quite prominent, it might be expedient to remove it. This I actually practised in one case, without any unpleasant results; for the wound

healed perfectly well and without disturbing the articulation. What was the ultimate condition of the joint, I am unable to say; as, after the wound was healed, I lost sight of the patient and have never heard of him since. In a case of perfect bony ankylosis, a new articulation might be formed very easily by sawing through the bone, from behind, immediately above the olecranon process. This I have offered to do in one or two cases; but my offers have not been favorably received."

NORFOLK.

THE ACUTE INFLAMMATION OF THE MEMBRANOUS LABYRINTH, USUALLY ERRONEOUSLY TAKEN FOR MENINGITIS.

By Dr. VOLTOLINI.

Translated from the *Monatschrift für Ohrenheilkunde*, Nov., 1867, by J. ORNE GREEN, M.D., Boston.

WHEN I here undertake to describe a disease which, to the best of my knowledge, to the present time is perfectly unknown and yet one of the most dreaded diseases, not only of the greatest importance to the aurist, but also to every practitioner, I must in the beginning remark that my diagnosis has not been confirmed by *post-mortem* examinations. Still, I think that a diagnosis can be made with certainty from the symptoms alone.

The disease occurs, almost without exception, in children from the earliest age up to puberty; adults are seldom attacked. It ends, with few exceptions, in absolute deafness, and therefore those children who were not yet able to speak remain deaf-mutes, while those who could already talk become so if they have not passed the seventh to ninth year. There is, then, reason enough that all physicians should give their attention to this disease.

The disease is so frequent that, for instance, merely in the year 1867, from the 1st of January to the end of July, it has come seventeen times under my observation, viz.:—two children of 2, four each of 3 and 4, one of 5, three of 6, two of 7, and one of 12 years of age. Of these seventeen children, who came to me with complete deafness a long time after the acute disease, only the girl of 12 years of age spoke fluently; the others were deaf-mutes, or spoke only "papa" or "mamma." With regard to the two children of 7 years of age, notes are wanting; of the three of 6 years, one only spoke the above words, while the others had become deaf-mute. From these sketches alone, it is evident

that we have to deal with a destruction of the labyrinth, for no injury of any one part of the ear produces absolute deafness: the meatus can be obliterated from the entrance as far as the membrane of the tympanum, even from birth; the membrane entirely destroyed, the hammer and anvil wanting, the basis of the stapes can be ankylosed so as to close the foramen ovale like a wall, and yet the patient hears, i. e., understands language, even tolerably well; only when the peculiar seat of the sense of hearing—the auditory nerve—is destroyed, does absolute deafness appear. By this, however, is to be understood not that the patient hears absolutely nothing, but only that he no longer understands language and words, for there is hardly a deaf-mute who would be deaf to all sounds; the hearing of a few sounds, however, is of no value—he remains deaf to conversation. In judging of the hearing power in our disease, it is well to notice this condition, and not to deceive ourselves because the patient appreciates this or that sound.

If, then, there is no doubt that the labyrinth is destroyed in this disease—absolute deafness might certainly happen from a destruction of the nerve beyond the labyrinth in the brain, but this is improbable, as we shall see—the only question which arises is, whether the destruction of the labyrinth is not a secondary affection, originating in a transmission of the meningitis to the labyrinth along the course of the folds of the dura mater which enter the ear; this we must also discuss.

The symptoms of the disease are the following:—it attacks the children usually quite suddenly, without known cause, and, as it appears, at every age. Violent brain-symptoms show themselves immediately; if the children still possess consciousness, they grasp toward the head; as a rule, however, they soon lose consciousness, rave madly under a heavy fever, bore backwards with the head into the bed, while the rest of the body is stiff, or slightly paralytic symptoms appear in the extremities; I have never, however, observed lasting paralyses. Sometimes very severe and continuous vomiting, rolling of the eyes, or staring, show themselves. The disease comes on so suddenly, that sometimes, in the space of twelve hours, perfectly healthy children lie as though dead, according to the parents, from cold and vomiting. In some cases the disease shows an intermittent character, and is then also taken for intermittent fever. Thus, the father of a six-year-old boy, a physician from Austrian

Silesia, told me that the boy went to church on Advent Sunday perfectly well, from there came home, was taken sick and vomited in the evening; the vomiting continued through the night, but the next day the boy was lively. Tuesday, the vomiting came on again; he became delirious, hot, rested uneasily, and threw himself constantly here and there, vomiting continuously. So the disease continued for a long time with this intermittent character.

By such marked brain-symptoms the physician does not hesitate for a moment in considering the affection as meningitis, takes the field with all the antiphlogistic remedies, and congratulates himself on a brilliant cure; frequently after from three to eight days, seldom after a longer time, the child becomes conscious, all the violent symptoms disappear, it recovers itself rapidly, and becomes apparently again healthy, only showing for a long time yet a staggering gait. The parents congratulate themselves on the rapid and brilliant cure; but the bad news comes later, and many parents wish then that the child had rather died from the disease, inasmuch as it soon becomes evident to them that it hears no more. The speech becomes more and more indistinct, and after a longer or shorter time is lost entirely; the child is now otherwise healthy, but deaf-mute. Usually, the power of hearing is destroyed at the height of the disease; the parents suspect it, and call the attention of the physician to the fact. He, however, is unwilling to believe that a new enemy lurks in the background of his brilliant cure, and assures the parents that the power of hearing will return, as is so often the case in typhus, where one can with certainty give this assurance. The entire power of hearing is not always suddenly destroyed, but in some cases gradually; and in such cases it is characteristic that the children themselves complain of subjective symptoms. They hear music, and call the attention of those about them to it; these do not mistrust the dangerous enemy, and the thing is merely painful to them, till finally some day they become convinced that the child hears nothing more.

What authorizes us now to consider this disease meningitis, or meningitis cerebrospinalis, transmitted to the ear, or forming exudation on the auditory nerves, as is usually received? Brain-symptoms appear in many diseases of children, very marked in mere inflammation of the middle ear, otitis media (usually erroneously called otitis interna), and therefore this disease is also

often taken for meningitis, till, after a longer or shorter time, with the bursting of the tympanum and the pouring out of a slimy, purulent secretion, the physician becomes conscious that he has to deal with no meningitis, but with an otitis. Certainly, this otitis can pass over to the brain and its coverings, and then the diagnosis is more obscure; so, also, our disease, the proper otitis interna, can pass over to the brain and its tissues. The brain-symptoms in the latter disease, however, can be very well explained by the affection of the labyrinth. A staggering gait is a constant symptom in injury of the semicircular canals, as physiological experiments have proved; indeed, vomiting itself is a symptom of injury of the labyrinth, as Czermak has lately shown by experiments. Sometimes, in insignificant ear-affections, dizziness and a staggering gait are observed, occasionally so severe that adult patients fall down—as, for instance, in collections of cerumen; in short, in affections of the outer meatus.

What most decidedly controverts meningitis with exudation in the auditory nerves is the want of all paralytic symptoms, particularly in the parts supplied by the facialis; I have never observed even a sign of paralysis of the facialis, and how would that be possible with an exudation in the auditory nerves? it is simply inconceivable. In the nervous centre, i. e., in the medulla oblongata, the root of the acusticus lies close to the root of the facialis; soon after passing out they lie upon each other, on which account the portio intermedia Wrisbergii of the facialis was formerly described as the portio dura of the acusticus; in their further course, the facialis lies in a depression of the acusticus, and the two nerves appear to make only one, and were formerly so described as the seventh pair; in the meatus internus, the facialis again unites with the acusticus. How would it, then, be possible, with these anatomical relations of the two nerves, to think that an exudation would always involve only the acusticus? But in the labyrinth no fibres of the facialis are to be found; here the acusticus alone reigns, and its destruction at this point remains without influence on the facialis. The examination of the meatus also favors an affection of the labyrinth, for the whole outer ear, together with the membrana tympani, is found healthy; the middle ear must also be free from the disease, at least partly, because no changes on the membrane are to be appreciated, and again because catheterization, which in some cases I have continued

for weeks, has no influence on the hearing power—only in one case an improvement seemed to follow.

Many pathologists, following Andral (*Die specielle Pathologie*), consider that the delirium in meningitis must be always continuous, and that an intermittent delirium is dependent on a sympathetic, irritable condition of the brain. The intermissions in the cases above given seem to confirm this view.

What does the literature say now with regard to our disease? We shall cite only one of the most recent writers, who has likewise observed the disease, but gives it another explanation, since he describes it simply as meningitis cerebro-spinalis, and, besides this, particularly as the Menière disease. Moos (*Klinik der Ohrenkrankheiten*) mentions thirteen cases of a disease which is no other than the one described by us. All the children were completely deaf, but otherwise healthy, except two—one with strabismus and the other with choroiditis; only seven of them showed a staggering gait; the ear itself showed, in examination, nothing to explain the deafness. I have as yet had no meningitis cerebro-spinalis under observation, but if, as Moos considers, the described deafness follows meningitis cerebro-spinalis, I would deny completely the latter disease and consider it only an acute inflammation of the labyrinth. It is utterly impossible, in our disease, to think of a usual meningitis. The inflammation of the dura mater (pachymeningitis) chiefly follows only traumatic lesions (Hasse, in *Virchow's Pathologie et Therapie*, vol. iv. p. 438). Much has been written and disputed of late years about the inflammation of the arachnoid and pia mater, whether each of these can take place by itself, whether they are only tubercular meningitis, &c.; but all observers, both old and recent, Andral, Schönlein, Canstett, Rilliet and Barthez, Hasse, &c., are agreed that the issue of the inflammation of these tissues is fatal; in our disease, however, the issue is, for the most part, favorable, i. e., the children are in other respects perfectly healthy, only deaf. In meningitis cerebro-spinalis the issue is generally death; as Hasse says:—"The mortality is great, on an average somewhat more than half of those affected die, in some epidemics two thirds, seldom fewer." I confess I have never had experience from an epidemic of the disease; least of all could a meningitis run such a rapid, relatively favorable course.

Menière appears to have come nearest the truth; he described cases which agree

with ours, in 1861, in the *Gaz. Méd. de Paris*, but says with regard to them:—"It is very probable that the material changes causing these functional disturbances have their seat in the semicircular canals." This view is certainly decidedly wrong, for disease, viz., exudation, &c., in the semicircular canals cannot produce absolute deafness. These canals are apparently only an acoustic apparatus; as yet no nerves have been found in the membranous canals, only in the ampullæ; were these, however, destroyed, the saccus sphericus, saccus ellipticus and the cochlea still remain to exercise their functions.

Absolute deafness does not ensue in all cases; in some, a slight hearing power remains in the one or the other ear, so that the children later learn to speak a little, and understand language by shouting into the ear. With reference to the prognosis, it is certainly difficult to predict this fortunate result in each case, for with such children it is difficult to find out the power of hearing. If the children are over six years old, they are generally intelligent enough to allow the hearing power to be determined; with younger children this is very difficult, and in such cases one has only a certain determining point in their speech. If, with younger children, months or more have passed since the beginning of the disease, and they say at least "papa" or "mamma," the conclusion can be drawn with certainty that they hear somewhat, and if later no material improvement in the hearing organ shall take place, still the assurance can be given to the friends that the child will learn to speak when the mind comes to the help of the ear.*

With regard to the treatment of this disease, Moos has seen no result from the use of either baths, iodide of potassium or electricity in the deafness after supposed meningitis. I myself have observed no real result either from the above-named remedies, continued for a long time, or from catheterization, also tried for a long time. In only one case has a decided improvement shown itself, so that the boy learned to speak, and could understand if one addressed him loudly close to the ear, or through an ear-trumpet. From the formidableness of this disease, I consider it desirable to describe this case more minutely. Julius F., from Landsberg, when two months old, had what was supposed to be

inflammation of the brain; when nine months old, the measles. The child was completely deaf, and when he was two or three years old, the parents took him to Dr. Ebert, in Berlin, who ordered unguent. tart. stibiatum on the abraded crown of the head, and this spot was kept in suppuration for six months. The boy, who up to this time had not spoken a word, began gradually to speak single words. When he was 9 years old, the parents brought him to me. Nothing abnormal was to be seen on examination; he spoke many words, but no connected sentences. Through the ear-trumpet, he understood language quite well, and repeated most of the words. The parents wished my advice chiefly as to whether they should send him to a deaf-mute asylum, in order that he might receive scientific instruction. I advised them not to do this, as I expressed the hope that the boy would hear still better, and would learn to speak; I recommended particularly that they should instruct him in speaking with an ear-trumpet. Nine months after, the father wrote, thanking me particularly that I had dissuaded them from the deaf-mute institute, and had recommended diligent speaking exercises. He says:—"I have devoted myself daily, at first for a short time but now for a quarter of an hour, to speaking in his ear, even without a speaking-tube, at first words and then short sentences, after he has read them himself once beforehand; with few exceptions, he pronounces them correctly after me. The right ear was perfectly deaf, according to our and your own opinion; yet some three months ago, I noticed that he appeared to hear in this also, and on trial I found it was so, only it was necessary to speak louder. He often requests that this ear be syringed, because, apparently, it seems to him that there is something in it, which goes to show that he hears better in the other one. Familiar words and sentences, as 'bring me a glass of water,' &c., it is only necessary to speak in his ear and he understands them without any signs, as we have given these up almost entirely. Had it not been for your advice, perhaps the boy, even now, would have understood nothing except by signs."

I have since then repeatedly used embrocations of irritating salves, but the experiments are as yet too recent for me to be able to report results.

One might finally ask if it would not be a singular occurrence for both labyrinths to be attacked suddenly by a grave disease? It would not, however, be less wonderful

* The words papa and mamma are so exceedingly simple, being formed entirely by the lips, that it is very doubtful if they are any test of the hearing power. Imitation of the motion of the lips would produce them.—TRANSLATOR.

if a child should be suddenly attacked from a meningitis; what is particularly, however, to be noticed is, that this disease seldom occurs in adults, and there remains nothing but to consider that the labyrinth of children is particularly sensitive to grave diseases. There is here some resemblance to the liability of the child's larynx to severe disease. The primary croup is almost without exception a disease of childhood, and in its kind as dangerous as the above-described labyrinth-affection. Schönbein reckoned croup, as is known, among the neuritic affections, and the older physicians named diseases of this nature inflammations toxicæ, and also neuro-paralytic inflammations: according to their views we should also have to consider our labyrinth-affection among such inflammations.

It would be of great value if one could subject the organ of hearing of such children to a minute examination when they died of any other disease. My colleagues would greatly oblige me if they could send me for examination one or both ears of such deaf-mute children. In such case, I would only recommend that the organ be removed as soon as possible *post-mortem*, and be laid in a solution of chromic acid (gr. x. ad 3i.), which must, however, be renewed daily. Gradually, the solution of chromic acid can be made weaker, but if a weak solution is taken at first, say a few grains to the ounce, the preparation decomposes easily, because it contains so much natural moisture that the solution is made thinner.

PROFESSORS BEHIER AND BROCA.—We understand that these two distinguished Professors of the Faculty of Medicine of Paris will shortly visit this country for the purpose of attending the meetings of the British Association for the Advancement of Science, which will be held in Norwich next August. Dr. Béhier will read a paper on the "Administration of Alcohol in Acute Disease," illustrated by sphymographic and thermometric observations. Dr. Broca will have an opportunity of defending his theory as to the localization of speech, as the subject will be introduced for discussion by Dr. Hughlings Jackson, who will read a paper on the "Physiology of Language." The easy access to Norwich from London and from the continent, the peculiar geological and archæological features of the district, and a variety of other circumstances, are likely to combine to render the Norwich meeting one of the most brilliant and successful in the annals of the British Association.—*Med. Times and Gazette.*

Hospital Reports.

BOSTON CITY HOSPITAL.

Notes of Operations for the Month of April, 1868. Reported by F. W. DRAPER, House-Surgeon.

CASE VII.—*Compound and Comminuted Fracture of Femur; Amputation.* (Service of Dr. F. C. ROPES.)—F. B., aged 9. In attempting to get on board a Chelsea ferry-boat before it reached the "drop," the left leg of the patient (a boy) was caught between the boat and the "drop." The femur was fractured obliquely at the junction of the middle and lower thirds; the upper fragment was completely stripped and laid bare to the extent of four inches, the soft parts were lacerated and disintegrated all the way from the knee to the upper third of the thigh. It was impossible to estimate the amount of blood lost.

An immediate amputation was decided upon. It was performed two hours after the accident; the circular method was used, and the bone sawed three inches below the great trochanter.

The operation was performed at 8, P.M.; the patient rallied but imperfectly, and died at 4 o'clock the next morning, eight hours after.

CASE VIII.—*Amputation of Toe.* (Service of Dr. F. C. ROPES.)—J. B., aged 35. Second and part of first phalanx of great toe of right foot amputated on account of frost-bite; edges of flap brought together with sutures, and patient discharged well at the end of a fortnight.

CASE IX.—*Dislocation of Head of Humerus into the Axilla.*—J. R., aged 25, hostler. Patient was thrown from a horse, striking his left shoulder against the curbstone. When brought into the hospital, the head of the humerus could be easily felt in the axilla; there was the usual flatness over the deltoid muscle, and inability to bring the elbow to the side. The patient was put under ether, and the dislocation readily reduced, by the House-Officer, by depressing the shoulder with the foot, at the same time raising and extending the arm.

CASE X.—*Amputation of Thumb.*—House-Officer.

CASE XI.—*Ligature of Varicose Veins.* (Service of Dr. F. C. ROPES.)—J. R., aged 25, hostler. Large knots and convolutions of veins observed upon inside of patient's left leg, both above and below the knee. Operated upon by means of ligatures passed beneath the veins in two places, and tied across pieces of bougie placed upon the outside.

CASE XII.—*Amputation of Thigh.* (Service of Dr. F. C. Ropes.)—J. M., aged 35, shoemaker. Patient under the charge of Dr. Thorndike until April 1st. Whilst walking on the sidewalk, on the 14th of February last, patient slipped and fell on the right 'eg, bending it under him and breaking both bones. The tibia was broken obliquely downwards and outwards from the axis of the leg at lower part of middle third; the fibula was broken about three inches higher up in the upper third. The lower end of upper fragment of tibia had nearly pushed through the skin, and there was a scratch through the skin at the place, but no connection with the bone from the outside; considerable bruising from ankle to knee. The record from this point continues as follows:—

Feb. 14th.—Fracture-box and hot fomentations.

16th.—Skin very tense from knee downwards. Three blisters over fracture. Very little pain.

18th.—Swelling fully as severe. Blisters and fomentations continued. Fragments in good position.

23d.—Fragments in good position. Swelling nearly disappeared. Blisters healing. Omit fomentations.

27th.—Erythematous blush three quarters inch from wound in all directions. Swelling about wound. No communication with bone has yet been found. Tenderness in groin over long saphena; chill last night; appetite poor; tongue dry and furred; some pain in leg. Extra diet; ale. *R.* Quin. sulph. gr. ij. t. d.

28th.—Leg more swollen; discharge thin and brownish, and not very free.

29th.—Discharge pent up; opening over fracture enlarged, and incision made over outer aspect of leg; two to three ounces of dirty pus discharged. Considerable swelling above the fracture; fragments denuded a short distance. Has been chilly to-day, yet there has been no well-marked chill; tongue dry and a little brownish; pulse 106, fair; appetite fair, though not so good as a few days since. Nourishing diet. Carbolic acid wash to openings in leg.

March 1st.—Leg more swollen and inflamed, both above and below the knee; tenderness in groin increased; no appetite; pulse 100, fair; no sweats nor chill. Position of fragments good. Poulrice.

3d.—General appearance better. Tongue moist and slightly furred; bowels constipated; sleeps fairly without an opiate. Discharge from leg free; less swelling.

12th.—Swelling decreasing; discharge

free. Ends of fragments are necrosed, and there is no attempt at union. Bowels regular.

15th.—Appetite poor. Pus burrowing among the muscles of calf. All the discharge comes from the two apertures on top of the leg at the seat of fracture.

16th.—Tongue dryish and gray; bowels constipated. Takes stimulants freely, but does not care for anything else. Counter-opening made in calf.

19th.—The counter-opening re-opened. Condition about the same.

21st.—Suppuration in leg increasing. Skin perforated by ulcerations over end of fragments, but not by pressure. Discharge pretty free. Patient has a diarrhœa, which is getting to be troublesome. *R.* Amyli mucil., ʒij.; tinct. opii, ʒi. Ft. enema bis die.

23d.—Diarrhœa continued. Brandy as stimulus. *R.* Tinct. opii, tinct. catechu, tinct. cinnamom. aa ʒxx. 4 t. d.

28th.—Some burrowing of pus below the calf; small incision made in posterior surface of leg at middle third. Appetite poor; tongue dry and furred; pulse 96 and weak; does not sweat much; less pain at stools; three or four dejections daily, of a uniform brownish color.

April 2d.—Pulse 104; tongue dry and furred; appetite fair; free discharge from leg; necrosed bone not loose. Advised to an amputation, but will not entertain the idea.

6th.—Pulse 116, rather feeble.

7th.—Pulse 115; tongue moist. Four to six dejections daily. Sinapism over abdomen at night. Arrowroot, made with milk, ordered for breakfast and tea.

9th.—Pulse 130, feeble. Four dejections during last twenty-four hours.

13th.—Two or three dejections daily. The patient is rather stronger; appetite better.

15th.—Diarrhœa better—only two dejections since yesterday. Pulse 120. Patient is unwilling to have leg removed.

21st.—Diarrhœa has been much worse for last few days; general condition of patient less favorable. Patient etherized, and freer openings made in leg to permit the discharge of pus.

22d.—Patient consents to amputation of leg, being advised to that course by the attending surgeon and others consulted upon the point. Brandy increased to ten ounces per diem. Former medicine omitted. *R.* Cardamom. tinct. comp., cinnamom. tinct., aa iij. M. ʒij. t. d.

23d.—Diarrhœa very obstinate; six or

seven discharges during the night past. Pill of opium and camphor—one grain of the former to two of the latter—exhibited twice daily; mustard plaster to small of back. Pulse 110. An examination shows considerable albumen in the urine.

24th.—Leg amputated to-day by Dr. Ropes, just above the knee, the circular method being used. The femoral vein tied; very little blood lost. Stump dressed with ward solution of carbolic acid. Patient's strength supported by injections of beef-tea and brandy.

4, P.M.—Pulse 140, quite small.

25th.—Pulse 150, weak; several discharges from the bowels during the night. Tannic acid, in two-grain powders, ordered twice a day. Stomach easily nauseated. Most of patient's nourishment given by the rectum; several ounces of beef-essence taken by mouth in evening. Compress removed; stump looking very well.

26th.—Stronger to-day; pulse 120, and better. Diarrhœa very troublesome; five or six very offensive discharges since yesterday. Omit tannic acid. R. Sol. ferri perchlor., ʒss.; aquæ, ʒij. M. Sum. ʒi. ter in die c. aquæ. Starch and laudanum injection at night. Chews beefsteak, takes beef-essence and considerable stimulus.

28th.—Little stronger than at last record; pulse 110, fair. Same treatment. Egg-nogg, beef-essence, brandy. Diarrhœa pertinacious and offensive. Stump looking well.

30th.—Failing somewhat; pulse more rapid and weaker.

May 2d.—Very weak; pulse rapid and thready. Diarrhœa still less under control. Was delirious during the night, and is only rational at times to-day.

3d.—Has continued to sink since yesterday, and died this morning at one o'clock.

A PIN IN THE LIVER.—An inquest has lately been held by Dr. Lankester on the body of a child who died during an epileptic fit, which was attributed by the surgeon who made the *post-mortem* examination to the presence of a pin, which had transfixed the coats of the stomach and entered the liver. The head of the pin was still in the stomach; the liver was adherent. The child had been ailing for a year and a half, had been subject to convulsions, and had complained of pain in the stomach and right side. The pin was said to have been swallowed about two years before.—*Medical Times and Gazette.*

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

CHARLES D. HOMANS, M.D., SECRETARY.

MARCH 9th.—*A large Cancerous Mass arising from the Subperitoneal Tissue, between the Kidney and Liver, simulating Cancer of the latter; Disease of right Kidney.*—The specimen, shown by Dr. ELLIS, was taken from a negro man, 62 years of age, whose general health had been good until the commencement of the abdominal trouble. He had been more or less intemperate, and had suffered much from varicose ulcers upon the legs. He first noticed a swelling of the epigastrium two years before entering the hospital. The abdomen steadily enlarged for a year and a half, but for six months no change had been noticed. During the first year there was but little pain; this, however, increased afterwards, but never became excessive, and was complained of mostly when he was in the erect position. For a month there had been some swelling of lower extremities, extending above the knees. He continued to do light work until the last six months, when he became more and more disabled, and had been helpless for six weeks before entrance. The pulse was then 100, the appetite good, the bowels costive.

On examination, a firm, uneven tumor was felt filling the right side of the abdomen, nearly as low as the umbilicus. The flatness on percussion was continuous with that of the liver, and the mass moved with respiration. No particular tenderness on pressure. This appeared so obviously to be cancer of the liver that it was thought almost superfluous to make a differential diagnosis in speaking of the case to the students.

No material change was noticed in the condition of the patient after entrance. The principal complaint was of weakness, and he died on Feb. 10th.

The autopsy was made by Drs. Ellis and John Homans, Jr., four hours after death. The body weighed 90 pounds.

There was a moderate amount of serum in each pleural cavity. Lungs highly emphysematous, but otherwise normal.

Heart normal. Blood in the cavities quite liquid.

About six pints of serum in the peritoneal cavity. Rising from the subperitoneal tissue of the right lumbar region, between the kidney and the liver, was a large tumor

weighing fourteen pounds two ounces, and from nine to twelve inches in diameter. Though generally round or ovoid, there were protuberances, which had been felt during life. The external surface, as first seen, was of a whitish color, being covered with peritoneum, but the latter could be removed, leaving the mass still surrounded by a proper envelope. Fluctuation was so marked that a gush of fluid was expected on making an incision. It proved, however, to be a degenerated cephaloid mass, of the consistence and color of baked Indian pudding, with portions discolored by effused blood. Many parts had a concentric or laminated appearance. To the upper surface of this the liver was closely applied, and quite extensively adherent, though separable. The upward pressure of the mass had caused a remarkable flattening and atrophy of two thirds of the right lobe, opposite portions of its capsule being, in places, nearly in contact. The organ weighed two pounds ten ounces. About fifteen or twenty grayish-white cancerous nodules were scattered throughout, the largest perhaps a third of an inch in diameter.

The right kidney, which was firmly attached to the tumor, was but two inches in length, deformed, sacculated, and consisted mainly of the pelvis and other cavities, with some remaining substance, a third of an inch in thickness. In the latter, were two nodules upwards of an inch in diameter—one hard and whitish, the other of a golden bronze color. The ureter, at a point eight inches from the kidney, was distended by a soft growth, resembling the tubular structure of the testicle.

The lumbar glands were enlarged and cancerous. They weighed twenty ounces, and surrounded the aorta and iliac arteries.

The spleen was quite small, and adhered firmly to the diaphragm. The other organs were not remarkable.

Dr. Homans made a microscopic examination of the diseased parts, with the following results:—The tumor contained mostly fat-globules, debris, and a very large amount of cholesterine, with which the cut surface everywhere glistened. Some more recent and less degenerated parts contained large nuclei with large nucleoli, and some fusiform cells, with considerable fat. The bronzed nodule in the kidney proved to be renal tissue changed by fatty degeneration. The growth in the ureter was made up of villosities composed of cells of the same character as those found in the large tumor. The elements of the nodules

in the liver were similar, but of smaller size, with indistinct nuclei. Cholesterine was also seen.

The case was thought interesting, not only on account of the large size and complete degeneration of the tumor, but from the impossibility of distinguishing the disease from that of the liver itself, with which it was perfectly continuous.

APRIL 13th.—*Fibro-plastic Disease of the Liver; Disease of the Kidneys.*—Dr. BORLAND reported the case.

The patient was a laborer, aged 46 years. He was a healthy man till last summer, when, at work on Governor's Island, great weakness came gradually upon him, and he was obliged to give up work, though not confined to the house. He was unable to work till November, when in addition to weakness he suffered from general pains. He continued in this condition until about March 1st, when a marked oedema of face, limbs and genital organs came on suddenly. With these symptoms, he entered the City Hospital about the middle of March. He had no symptoms of any sort pointing to hepatic disease; an analysis of the urine showed some albumen and hyaline casts. The diagnosis was simply Bright's disease of the kidney. He remained generally as above until the seventh of April, when he had a severe chill, with lividity of the extremities, and died on April 10th.

Dr. C. W. Swan made the autopsy, and the following is his report:—

Liver below the normal size, but hard to the feel and strong in texture. Its surface was rather dark and minutely mottled, and was strongly and irregularly lobulated by the presence of cicatrix-like depressions, the result of a marked development of fibro-plastic tissue. Many of the lobules were two or three inches in diameter. Springing from one of the fibrous depressions on the upper surface of the liver, were three or four delicate, flaccid sacs of an elongated pear-shape, attached by thread-like pedicles. They were of white fibroid material, and were partially filled with a transparent fluid. They measured from a quarter of an inch to one inch in length. One had a broader attachment, and hung as a flattened bag.

On section of the liver, several small cavities, of the size of a pea and less, were found scattered through the organ. They occurred generally singly, though once or twice in groups of two or three, after the manner of abscess of the liver. The contents resembled whitish pus, and were of different degrees of consistency. There

was generally a limiting wall of fibrinoid material, sometimes corrugated so as to resemble, except in color, the corpus luteum. In general, these softening occurred in the fibro-plastic new growth, especially where the latter was most concentrated, and showed by microscope instead of pus a direct fatty degeneration—abundance of fat-grains, with a few minute, shrivelled, defunct cells.

The fibro-plastic element was tough and semi-opaque, packed abundantly everywhere, and by contrast of color bringing the acini strongly into view. By microscope, caudate, fusiform and linear cells, with abundance of the characteristic round and oval nucleolated nuclei. The gland-cells were generally healthy, but many were fatty, and some were shrivelled and irregular.

The gall-bladder contained a rather large amount of ordinary bile, but was not in a state of distention.

Kidneys rather large and soft; not otherwise remarkable in gross appearance. By microscope, the tubules seemed to be simply filled with epithelium, so that the canals were obliterated. There was no other positively morbid appearance.

Spleen small, moderately firm.

Slight peritonitis, affecting chiefly the surfaces of intestines, which were darkly reddened, vascular and blotchy, and thinly coated here and there with fibrin; but in general only slightly wanting in lustre. Four quarts of turbid, pinkish serum were taken from the abdominal cavity. Urinary bladder nearly empty.

Heart well. On anterior face of right ventricle, a remarkably large, white, fibrous patch, wanting in lustre, and wrinkled and movable to some extent—in these respects differing from a majority of such cases. A similar, but smaller patch on corresponding part of left ventricle. No evidence of recent or other disease of pericardium.

Lungs healthy. Slight old pleural adhesions, and a remarkable puckering of the anterior surface of left lower lobe, at the site of a smooth, vascular and radiated fibrous development in the pleura. There was no trace of old disease in the lung tissue beneath.

MEDICAL COLLEGE IN DETROIT.—The physicians connected with the Harper Hospital, and others, are engaged in the establishment of the Detroit Medical College. Its professorships will, it is said, be filled for the most part by Detroit men.

Bibliographical Notices.

Contributions to Dermatology: Eczema, Impetigo, Scabies, Ecthyma, Rupia, Lupus. By SILAS DURKEE, M.D., Consulting Physician of the Boston City Hospital, &c. Boston: David Clapp & Son. 8vo. 1868.

A SUCCESSFUL practice of more than a quarter of a century, much of which time has been devoted almost entirely to the treatment of skin diseases, has given Dr. Durkee an experience in this department of medicine unsurpassed by that of any living dermatologist. As an observer, he has scarcely his equal; and, as a practitioner, he is thoroughly conversant with all that is written on the therapeutics of the skin.

He has treated the subjects of these essays in a masterly manner, and nothing of interest or importance has escaped his attention. We would cheerfully recommend this little volume to the student and practitioner as a clear, concise and rational exposition of all that is now known of the pathology and treatment of these diseases.

A CURIOUS CASE OF FECUNDITY.—The following case, reported at length by M. Galopin, D.M.P. (*Revue Thérapeutique, Médico-Chirurgicale*, 1867, Paris), is interesting in an obstetrical point of view from its extreme rarity, but especially is it worthy of notice from physiological considerations, demonstrating the wonderful "nisus formativus," notwithstanding the multiplicity of the fetuses.

The subject was forty years of age; this completed her seventh pregnancy. At five months and a half she was observed to be as large as those at nine months ordinarily attain. At this period she was accouchée, and gave birth to five male children, all of whom were as well formed as is ordinarily the case with an infant conceived alone, and with five and a half months of intra-uterine existence.

The accouchement was accomplished with scarcely any difficulty. The children lived from four to seven minutes, and were successively baptized whilst living.

There were five umbilical cords inserted into two placentæ, which adhered slightly at one part of their circumferences, three cords being attached to one, and two cords to the other.—*Richmond and Louisville Medical Journal.*

Medical and Surgical Journal.

BOSTON: THURSDAY, JUNE 25, 1868.

ANDERSONVILLE, FROM A CONFEDERATE ACCOUNT.

WE lay before our readers to-day, the conclusions arrived at from the Report of the Andersonville Prison, an abstract of which was given in our last issue.

Some of them will be found to be unusual, and not to be expected under a like combination of unsanitary circumstances.

"I. The great mortality amongst the Federal prisoners confined in the Military Prison at Andersonville was not referable to climatic causes, or to the nature of the soil and waters.

"II. Not only were malarial fevers of infrequent occurrence amongst the Federal prisoners, but typhoid fever was rare, and typhus fever was unknown.

"III. The chief causes of death amongst the Federal prisoners of Andersonville were scurvy and its results, bowel affections, and chronic and acute diarrhoea and dysentery.

"IV. The effects of salt meat and of farinaceous food without fresh vegetables, were manifested in the great prevalence of scurvy.

"V. From the sameness of the food, and from the action of the poisonous gases in the densely crowded and filthy Stockade and Hospital, the blood was altered in its constitution, even before the manifestation of actual disease.

"VI. The impoverished condition of the blood, which led to serous effusions within the ventricles of the brain, and around the brain and spinal cord, and into the pericardial and abdominal cavities, was gradually induced by the action of several causes, but chiefly by the character of the food.

"VII. Scurvy, arising from sameness of food and imperfect nutrition, caused, either directly or indirectly, nine tenths of the deaths amongst the Federal prisoners at Andersonville.

"VIII. The bowel affections, which were classed under the heads of diarrhoea and dysentery, were due to several causes, but chiefly to the same causes which induced the scurvy; and these diseases were accompanied with profound lesions of the intestinal mucous membrane located more especially in the ileum, colon, and rectum;

and these lesions were characterized chiefly by thickening and softening of the mucous membrane, congestion and enlargement of the villi, intense congestion of the tubular glands, attended with hæmorrhage, intense congestion and ulceration of the lower portion of the ileum and of the colon and rectum.

"IX. Drugs exercised but little influence over the progress and fatal termination of chronic diarrhoea and dysentery in the Military Prison and Hospital at Andersonville, chiefly because the proper form of nourishment (milk, rice, vegetables, antiscorbutics, and nourishing animal and vegetable soups) was not issued, and could not be procured in sufficient quantities for these sick prisoners.

"X. The fact that hospital gangrene appeared in the Stockade first, and originated spontaneously without any previous contagion, and occurred sporadically all over the Stockade and Prison Hospital, was proof positive that this disease will arise whenever the conditions of crowding, filth, foul air, and bad diet are present.

"XI. A scorbutic condition of the system appeared to favor the origin of foul ulcers, which frequently took on true hospital gangrene.

"XII. Gangrenous spots, followed by rapid destruction of tissue, appeared in some cases in which there had been no previous or existing wound or abrasion; and, without such well-established facts, it might be assumed that the disease was propagated from one patient to another in every case, either by exhalations from the gangrenous surface, or by direct contact.

"XIII. The unfortunate accidents which followed vaccination in certain cases, were referable chiefly to the scorbutic state of the patients, and the tendency of all abrasions and wounds, however slight, to assume gangrenous ulceration.

"XIV. In the depraved condition of these prisoners, and in the foul atmosphere of the Military Prison Hospital of Andersonville, amputation did not arrest hospital gangrene; the disease almost invariably returned."

MEDICAL ADVANTAGES IN BERLIN.

WE are permitted to quote the following from a private letter:—

"It may, perhaps, be not uninteresting to you to hear something of the course of study in Berlin. Its advantages are not as great as those of Vienna certainly, as the latter city is universally acknowledged to

be the best place for a general course of study for a *stranger*, and especially for one who wishes to accomplish a great deal in a short space of time. The Berlin men, however, call the Vienna school "superficial," and for certain specialties Berlin is far ahead of the Kaiserstadt. Graefe, Langenbeck and Virchow are not only looked upon here as the first men in Germany in their special branches, but, what is more important to the student, are the *best practical teachers*.

"Virchow is most indefatigable in his work. He gives, every morning, a practical course on pathology, lasting from two to three hours, beginning at 7 o'clock, and also a daily theoretical lecture from 11 to 12. Monday morning it is an autopsy, and, Monday last, attending for the first time, I stood three hours, by my watch, by the table, lost in astonishment at the number of interesting pathological points which he was able to discover in one unfortunate subject for our edification. Tuesday morning, it is a microscopic course; Wednesday, demonstration of specimens, of which he has several tableful, and so on. In addition to all this, he frequently hurries from the lecture room to deliver a two-hour speech in Parliament. I may mention, as one of his chief peculiarities, his great power of sarcasm, which he uses most unmercifully against any young gentleman who happens to have a dirty object-glass, or on any of those enthusiastic beginners who see so much of pathological interest in an oil-globule or air-bubble. It is a very great treat to hear him snub a man—i. e., when you don't happen to be the unfortunate party yourself.

"Langenbeck's clinic is every afternoon. His material is quite large, and as he is a bold as well as original operator, one may see, during the week, many exceedingly interesting operations. Only this afternoon, I have seen him split the soft palate in order to remove a large tumor from the posterior wall of the pharynx. After removal of the tumor, he applied actual cautery to the wound—all without chloroform.

His favorite operations seem to be the subperiosteal resections of joints, in which he seems to have made great advances over the old method. Some of his plastic operations are really quite wonderful. All of these one has an opportunity of seeing at his private operating course. I doubt if there is any one clinic on the Continent where there is so much of interest for the surgical student. The only disadvantage

is, and that indeed not a small one, he never allows any "visits" in his wards.

J. C. W.

PERIPHERAL TERMINATION OF THE MOTOR NERVES.—Prof. Trinchese, of the Genoa University, has drawn the following conclusions:—

"1. In all the animals in which he has been able to investigate the subject, a special organ, the *motor plate*, at the end of the *cylinder axis*, has been found.

"2. The following is the manner in which the nervous element is united with the muscular fasciculus:—

"When the muscular fasciculus is provided with sarcolemma and the nervous element with a sheath, this blends with the envelope of the primitive muscular fasciculus at the point at which the nervous element meets with the muscular fasciculi. At the same point, or a little before, the medullary substance stops, whilst the *cylinder axis* goes on and enters the motor plate.

"The motor plate is placed beneath the sarcolemma. It appears generally as a cone, of which the summit is directed to the side of the nerve-tube, whilst the base rests on the primitive muscular fibres.

"4. This plate is formed of two superimposed and quite distinct layers, especially in those animals which have large plates—the torpedo, for instance. The upper layer is of a granular substance; the lower is perfectly homogeneous, and is probably only an expansion of the cylinder axis.

"5. In the substance of the granular layer of the plate is found, in the torpedo, a system of canals, in which the cylinder axis ramifies as a large-meshed network. These canals are bounded by a sheath which forms their walls.

"6. When the muscular fasciculi have a central canal the granular substance of the plate is prolonged into the granular substance contained in this canal.

"7. In animals provided only with smooth muscular fibres the cylinder axis traverses the granular substance of the plate, dividing into two filaments which have pointed ends at the two extremities of the contractile element.

"8. Altogether it appears that each primitive muscular fasciculus shows one motor plate only. In this one or many nervous elements, proceeding from the subdivision of the same nervous tube, may end.

"9. The diameter of the motor plate increases in proportion with the size of the primitive muscular fasciculus."—*Jour. de l'Anatomie et de la Phys.*

A CASE OF CYSTIC DISEASE OF THE KIDNEY, SIMULATING OVARIAN DISEASE.—The case was reported to the Royal Med.-Chir. Society by Dr. Rose. C. R., a rather delicately constituted young lady, discovered a tumor about the size of an orange in the situation of the left ovary when at the age of thirteen. About this period, she menstruated for the first time, and continued to do so at intervals of three or four months for some years. She suffered also from hæmaturia occasionally, but in the early stages never mentioned the fact. She came under the author's care in January, 1856. The tumor at that time appeared solid, no fluctuation being perceptible. The tumor gradually increased until July 22d, 1865, when it extended from the pubes and Poupart's ligament on the left side to the ribs, and reached beyond the median line of the abdomen considerably.

Fluctuation was now very perceptible; and, equidistant between the crest of ilium, umbilicus, and ribs, a prominent point presented itself, over which the skin was thin, livid, and very tense. Through this point Dr. Rose introduced a trocar, and evacuated seven pints of sanguineous, clotty fluid. A large mass was still felt in the abdomen, apparently partly solid and partly multilocular. She remained very faint and low for some time, but in the course of about two years she had so far recovered as to be able to walk two or three miles, or play croquet for three or four hours at a time. The fistulous opening made by the trocar remained patent during the rest of her life, giving vent to semi-purulent, foetid fluid, varying in quantity from one ounce to several ounces daily. No hæmaturia or pain took place after the tapping, and the tumor gradually became reduced to the size of a man's fist.

About August, 1867, anasarca of the legs took place, and albumen was abundant in the urine. Nausea, sickness, and headache supervened, and she gradually sank on Oct. 29th, 1867, retaining consciousness to the last hour or so. Many professional opinions were obtained on the case, and all were led to diagnose ovarian disease, with complication.

The *post-mortem* examination revealed a large cystic kidney on the left side, with total destruction of the secreting portion; and the right kidney was undergoing yellow degeneration, and was enlarged to twice its normal size.

The chief points of interest in the case arise from the fact of its exhibiting a series of symptoms perfectly compatible with the

belief in its ovarian origin; its existence for so long a period (fifteen years); the absence of elements of urine in the fluid evacuated by the tumor; and the ultimate relief afforded by the puncture through the abdominal walls of so large a cyst, together with the comparative freedom from suffering and inconvenience, notwithstanding the large amount of disease found after death.—*Lancet*.

THE BREAST AS A PINCUSHION.—M. Ricord, during a recent discussion on the penetration of foreign bodies, related the following anecdote:—The celebrated actress, Madeline Brohan, suffered from a tumor of the breast which puzzled her various doctors as to its nature. The diagnosis wavered between an adenoid tumor and one of a scirrhus nature; but, before consenting to an operation, the patient consulted M. Ricord. He examined the breast with the most scrupulous care, and presently felt certain that a needle lodged in the substance of the organ was the source of the mischief; for during his examination, he felt the end of his finger pricked by the foreign body. To force the needle to project outwardly, and then to extract it, was the work of an instant. Great was the amazement of the patient, who had no idea how the accident had happened, and the clever operator on leaving cautioned her in future not to place her needles on such a pincushion. The tumor rapidly disappeared.—*Medical Times and Gazette*.

INSANITY IN SWITZERLAND.—Dr. Lunier, in the course of an interesting memoir, "*De l'alienation mentale en Suisse*," arrives at the following conclusions:—

"1. That in mountainous districts idiots and cretins are more numerous than the insane in the proportion of 159 to 93.

"2. That in the rural districts the number of the insane is about the same as that of the idiots and cretins.

"3. That insanity is more rare, and cretinism on the contrary more common, on the mountains than on the plains.

"4. That diseases of the mind, as a whole (insanity), idiocy and cretinism are more frequent on the mountains than on the plains in the proportion of 252 to 214, or about as 7 to 6."—*Annales Médico-Psychologiques*, Jan., 1868.

SMALL POX UNDER RARE CIRCUMSTANCES.—Dr. Wickersham stated to the Chicago

Medical Society that he had lately successfully vaccinated a mulatto girl, aged nineteen, unmarried, but pregnant, who had just been exposed to small pox. She had never been vaccinated before. Four weeks after the vaccination, a well developed child was born, covered with pustules of about the eighth day. Other members of the society had examined the child, and pronounced the disease variola. The case terminated favorably.—*Chicago Med. Jour.*

LIEBIG AND HIS OPPONENTS.—When the brilliant speculations of Pasteur on the subject of fermentation and of Fick and Wislicenus on that of nutrition were published, the old supporters of Liebig's hypotheses expected that the "father of organic chemistry" would be roused to defend his doctrines, and when they found Liebig silent, they construed his reticence into an admission that his opinions were unfounded. How gratified they will be to know that the veteran has returned to the charge, and, in a lecture just delivered (May 10) before the Academy of Sciences of Bavaria, has analyzed and rejected as unsound the theories of his adversaries! Assuredly Liebig's objections to Pasteur's method of experimentation, however little they afford a proof of his own doctrines, appeal to common sense against those of his opponent. One of Pasteur's most remarkable experiments on the subject of fermentation was that in which he proved (?) that the yeast fungus grows and increases in a mixture of tartrate of ammonia, sugar, and yeast ashes. To this experiment Liebig objects, that the principal constituent of yeast is a substance rich in sulphur, and since the experimental solution contained no sulphur, it was impossible that the yeast could have grown in it. In reply to Fick and Wislicenus, whose theory of nutrition has thrown such doubt on Liebig's, the President of the Bavarian Academy says that the experiments of these chemists rest on a series of misconceptions as to the nature of the organic processes involved in nutrition. "It is," he says, "just as impossible by the combustion of dried muscle to calculate its efficiency in the living body, as it was by the combustion of a dried bee to estimate the work which it accomplishes in the flight of many hours, carrying the weight of its own body several miles."—*Medical Times and Gazette.*

CASE OF HEMIDIAPHORESIS.—Dr. Meschede observes that cases of local sweating, tem-

porarily affecting both sides of the body, are not uncommon, but he has met with a case of much rarer occurrence, in which a unilateral sweating, chiefly affecting the face, had become almost habitual. A furrier's man, aged 40, was admitted in 1855 to the Schwetetz Asylum, Prussia, in a state of half idiocy, and amidst various abnormal conditions observed was the existence of a profuse sweating, confined to one side of the face. He continued in the Asylum until August, 1861, when he was seized with symptoms of sporadic Asiatic cholera, and in four days after died. At the autopsy there were found very remarkable hyperostosis of the cranium, great enlargement and cystic degeneration of both kidneys. The most remarkable feature about the case was the uninterrupted sweating of the face, which was limited to one side.—*Virchow's Archiv.*

M. BOUILLAUD'S ELECTION AT THE ACADEMY OF SCIENCES.—M. Bouillaud has just been elected a member of the Academy of Sciences, in lieu of the departed Rayer. This crowning scientific honor was well due to the merits of the illustrious physician, whose investigations and discoveries will rank amongst the most valuable in the annals of contemporary medicine.

Our readers are perhaps aware that candidates for seats in any of the French Academies are obliged, some time before the election, to pay separate visits to all the members of the Academy concerned. *L'Union Médicale* relates, in touching terms, the interview which took place on this occasion between M. Andral and M. Bouillaud. The two veterans of French medicine had not met for years; so, after having warmly embraced each other, they sat down to a long and most friendly conversation. One of the results of this interview may be found in the able report which M. Andral subsequently read at the Academy of Sciences, and which contributed much to secure M. Bouillaud's election.—*London Lancet.*

YELLOW FEVER CURED BY CHOLERA.—This is the age of novelty in medical as well as in other sciences, and the above is an evidence of the fact. In looking through the wards of the "Royal Charity Hospital of San Felipe and Santiago," of Havana, in May last, with the surgeon in charge, and in discoursing upon a number of cases of yellow fever then before us, he mentioned, as a curious fact, that during the previous

summer, he had had cases of epidemic cholera and of fever in the same ward, and that at least three cases, which had marked hæmorrhagic vomiting (not black vomit) were attacked with symptoms of incipient cholera, the purging being quite severe; that immediately on the occurrence of this, the vomiting, which had resisted all remedial efforts thus far, ceased and did not recur, and the three patients recovered. The doctor says he is determined, on the first opportunity, to inoculate patients thus circumstanced with the cholera poison, as a remedial agent of great value. This is analogous to the proposition made not long ago by some one to inject snake venom hypodermically, as a powerful sedative, in such affections as tetanus and hydrophobia. —F. D. LENTE, M.D., in *N. Y. Med. Gaz.*

DELIRIUM TREMENS TREATED BY PULV. CAPSICI.—Dr. Robert W. Jackson reports, in the *Canada Medical Journal*, two cases of delirium tremens, both of which, under very unfavorable circumstances, yielded promptly to large doses of pulv. capsici. The one was complicated with erysipelas of the head, with tendency to cerebral congestion; in the other, there were symptoms of arachnitis, with effusion. In the former, he gave two doses of one drachm each of pulv. capsici in beef tea, with brandy and egg; in the latter, two drachms of tinct. capsici was given in a rhubarb draught, and two doses, a few hours apart, of thirty grains each of pulv. capsici—in both cases with the effect of securing sound sleep and speedy convalescence. In both cases, he says, "the previous habits, as well as complications existing," gave evidence that the attack would be severe, while the results were so satisfactory that he would "certainly be disposed to try its effects again."—*Humboldt Medical Archives.*

AN EXPECTORATED BUCK-SHOT.—A. N. Rositer, the oldest of a trio of brothers from Richmond, Mass., who enlisted in the Forty-ninth Regiment, one of whom was killed at Port Hudson, and the other at Baton Rouge, was wounded in the retreat from Port Hudson on March 14, 1863. Since that time he has been troubled with a cough and bleeding at the lungs. Last week he coughed up a rebel memento in the shape of a flattened buck-shot, which it seems he has carried more than four years. He is thereby wholly relieved from his disagreeable symptoms.—*N. Y. Med. Record.*

NEW OPERATIONS ON THE EYE.—M. de Graefe took occasion to communicate three new surgical operations, with their procedure. The first has for its object the section of the optic nerve, in cases of remaining subjective luminous sensation, in particular affections, to the loss of the eye, and the occasion of deep troubles in the life of the patient. The second consists in the partial tenotomy of the elevator of the upper eyelid, in Bandow's disease. The third concerns the most recent modifications practised by the learned professor in his method of linear extraction of cataract. This modification consists in the suppression of every tractor for evacuating the crystalline. Since the introduction of this modification, the number of cases of proclivity of the vitreous body has been diminished, in the proportion of from 14 in 100 to 3 in 100.—*Gaz. Hebdom.*

GOSYPIUM AN AN EMMENAGOGUE AND PARTURIFACIENT.—Dr. Bellamy, of Columbus, Ga., says of the common cotton plant, gossypium:—"I am fully satisfied, from the experiments and impartial trials I have given the remedy, that it is fully equal, if not superior, to ergot in promoting the various functions of the uterine organs. I look upon it as a sure, speedy and safe remedy, not only for difficult, painful, contracted labors, but also to control all the irregularities of females, and to alleviate their peculiar monthly sufferings. It is very certain that its effects are so powerful upon the uterine system as to produce miscarriage, if administered during pregnancy. I feel that its merits cannot be too highly extolled, and deem it too valuable a remedy to remain hidden in the depths of obscurity. I consider it preferable to ergot. The proper time to gather the root is when it is as old as possible without being injured by the severe frosts; therefore it is best when gathered during the months of October and November."—*Atlanta Med. and Surg. Jour.*

M. CHASSAIGNAC, whose labors and inventions are universally known, has been elected a member of the Academy of Medicine of Paris. Seventy-six voters took part in the election, and M. Chassaingnac had fifty-six votes.—*Lancet.*

The attention of our city readers is called to the advertisement, in to-day's *JOURNAL*, of the Secretary of the Suffolk District Board of Censors.

Selections and Medical Items.

DR. HARLEY, in the Gulstonian Lectures at the College of Physicians, considered "The Physiological Action and Therapeutic Uses of Conium, Belladonna and Hyoscyamus, alone and in combination with Opium."

The action of conium is confined to the motor centres, causing temporary depression of the functional activity of the corpora striata, the minor centres of motion, and the whole reflex functional activity of the spinal cord. Its action is in proportion to the motor activity rather than to the muscular strength; a restless child will take, without appreciable effect, a dose sufficient to paralyze an adult of indolent habits. The earliest indication of its effect is ptosis and dilated pupil. Its last effect is complete obliteration of all muscular movement derived from the cerebro-spinal motor tract. He considers that the powdered leaves, the ordinary extract and tincture made according to the British Pharmacopoeia, are nearly worthless; the "succus" being the only preparation of value. The dose of this varies from 14 to 8 drachms, according to the activity of the patient. He considers it valuable in tetanus, chorea, epilepsy, spasmodic affections of the stomach and oesophagus and muscular tremor. The active principle was not found in the urine.

Belladonna and atropia in equivalent doses have the same action. Atropia acts the same, whether taken by the mouth or injected under the skin; only by the latter method its action is much more rapid. Atropia is eliminated by the kidneys; it was found in the urine eighteen minutes after the injection of one forty-eighth of a grain, and is entirely removed at the end of two or three hours. The effect of small doses of the alkaloid or its salts is to cause frequency of the pulse, transient giddiness, dryness of the mouth, dilatation of the pupil. Sometimes there is delirium. In two or three hours the effect passes off. Children are less susceptible than adults to its action. Caustic potash and soda decompose the alkaloid. Caustic ammonia and lime will at most only delay its action. Therapeutically, belladonna may be considered—1, as a diuretic; 2, as a means of increasing the oxidizing process within the body; 3, as a direct stimulant to the sympathetic nervous system. It is peculiarly useful as a cardiac stimulant, in this respect surpassing all other medicines; but it must be used in doses sufficient only to produce this effect, and with not more than a slight dryness of the mouth. One hundredth of a grain of sulphate of atropia, given subcutaneously, is sufficient for this.

Hyoscyamus and the alkaloid hyoscyamia are physiologically identical; their action is at first a slight increase in the frequency and power of the pulse, then a considerable diminution, accompanied by giddiness, sleepiness and dilatation of the pupil; in some cases, slight twitching, dryness of the mouth and air-passages, and delirium. Children are not very easily susceptible to its action. Dr. Harley places hyoscyamus between opium and belladonna; resembling opium in its somniferous properties, and belladonna in its action on the sympathetic system, as indicated by the pulse.

Hyoscyamia appeared in the urine twenty-two minutes after the subcutaneous injection of one fifteenth of a grain, and two hours and a half after two drachms of the "succus" taken by the mouth.

DEATH FROM NICOTINE.—A case of death from nicotine recently occurred at Cohoes, N. Y., under the following circumstances: The father of a little girl, in an endeavor to "heal a sore on her lip," applied to it the contents of a "rank" pipe-stem. The victim was almost immediately seized with the peculiar symptoms of tobacco-poisoning, and died a few hours afterwards.—*Med. Record.*

M. CLAUDE BERNARD, the celebrated physiologist, has just been elected at the French Academy to the seat which the demise of M. Flourens had left vacant.

MEDICAL DIARY OF THE WEEK.

MONDAY, 9, A.M., Massachusetts General Hospital, Med. Clinic; 10, A.M., Medical Lecture. 9, A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Medical Lecture. 9 to 11, A.M., Boston Dispensary. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10 A.M., Massachusetts General Hospital Surgical Visit. 11 A.M., OPERATIONS.

THURSDAY, 11 A.M., Massachusetts General Hospital, Clinical Surgical Lecture.

FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.

SATURDAY, 10, A.M., Massachusetts General Hospital, Surgical Visit; 11, A.M., OPERATIONS.

A Bulletin of Expected Operations, in both the Hospitals, will be found, weekly, at the office of the Boston Medical and Surgical Journal, and at Messrs. Codman & Shurtleff's, 13 and 15 Tremont Street.

TO CORRESPONDENTS.—Communications accepted:—A new Concealed Knife—Boston Lunatic Hospital Reports, No. III.—A new Method of Embalming—On Mineral Waters—The Lime Treatment of Rheumatism—The Means of arresting Hemorrhage.

BOOKS RECEIVED.—Lessons in Physical Diagnosis. By Alfred L. Loomis, M.D., Professor of the Institutes and Practice of Medicine in the Medical Department of the University of New York, &c. New York: Robert M. DeWitt.—Report on Epidemic Cholera and Yellow Fever in the United States Army during 1867.

MARRIED.—At Coleraine, 4th inst., Charles F. Forbes, M.D., of Waltham, to Mary A. Thompson.

DIED.—In Troy, N. Y., suddenly, on the 22d inst., Dr. Thomas C. Brinsmade.

DEATHS IN BOSTON for the week ending Saturday noon, June 20th, 82. Males, 34—Females, 48.—Abscess, 1—accident, 2—asthma, 1—inflammation of the bowels, 3—congestion of the brain, 1—disease of the brain, 5—inflammation of the brain, 2—bronchitis, 1—cancer, 2—consumption, 6—convulsions, 4—croup, 2—cyanosis, 1—cystitis, 1—debility, 3—diarrhea, 1—dropsy, 4—dropsy of the brain, 1—scarlet fever, 6—hemorrhage, 2—disease of the heart, 2—intemperance, 3—disease of the kidneys, 3—disease of the liver, 2—congestion of the lungs, 1—inflammation of the lungs, 4—nephritis, 1—measles, 2—old age, 2—peritonitis, 2—pleurisy, 1—premature birth, 1—disease of the spine, 1—splenitis, 1—teething, 1—unknown, 6—whooping cough, 1. Under 5 years of age, 36—between 5 and 20 years, 6—between 20 and 40 years, 16—between 40 and 60 years, 15—above 60 years, 10. Born in the United States, 57—Ireland, 18—other places, 7.